

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 5

2. STATE:

NEBRASKA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Pt 462 et seq

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.14, Att.4.14(b) & Att.4.14(c)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

4.14 and Att.4.14(c)

10. SUBJECT OF AMENDMENT:

Utilization/Quality Control

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Governor has waived review.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Robert J. Seiffert

14. TITLE:

Medicaid Administrator

15. DATE SUBMITTED:

March 30, 2001

16. RETURN TO:

HHS, F & S

Medicaid Division

Attn: Chris Wright, MD

P.O.Box 95026

Lincoln, NE 68509-5026

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03/30/01

18. DATE APPROVED:

MAY 10 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

cc:

Curtiss

Seiffert

CO

SPA CONTROL

Date Submitted 03/29/01

Date Received 03/30/01

Revision: HCFA-PM-91-10 (MB)
DECEMBER, 1991

State/Territory: Nebraska

Citation

42 CFR 431.60
42 CFR 456.2
50 FR 15312
1902(a)(30)(C) and
1902(d) of the
Act, P.L. 99-509
(Section 9431)

4.14 Utilization/Quality Control

- (a) A Statewide program of surveillance and utilization control has implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly
By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO –

- (1) Meets the requirements of S434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

X Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(section 9431)

By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

X By undertaking quality and utilization reviews through contracts with utilization review organizations which do peer reviews (PRO-like/non-PRO-like entities). One contract includes hospital services (selected in-patient and selected out-patient services); the other contract includes mental health substance abuse inpatient services.

TN NO. MS-01-05

Supersedes

Approval Date MAY 10 2001

Effective Date JAN 01 2001

TN NO. MS-91-30

Revision: HCFA-PH-85-3 (BERC)
MAY, 1985

State: Nebraska

OMB NO. 0938-0193

The contracts with the entities –

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to the entity's review;
- (4) Includes a description of the extent to which the entity's determinations are considered conclusive for payment purposes.

Citation
42 CFR 456.2
50 FR 15312

4.14

- (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

___ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

___ All hospitals (other than mental hospitals).

___ Those specified in the waiver.

X No waivers have been granted.

TN NO. MS-01-05

Supersedes

Approval Date MAY 10 2001

Effective Date JAN 01 2001

TN NO. MS-91-21

Revision: HCFA-PH-85-3 (BERC)
JULY, 1985

State/Territory: Nebraska

OMB NO. 0938-0193

Citation
42 CFR 456.2
30 Fit 15312

4.14

(c) The Medicaid agency meets the requirements of 42 CFR Part 456. Subpart D, for control of utilization of inpatient services in mental hospitals.

___ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

___ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

___ All mental hospitals.

___ Those specified in the waiver.

X No waivers have been granted.

___ Not applicable. Inpatient services in mental hospitals are not provided under this plan.

Note: The utilization review entity will not review –

1. Inpatient hospital services in institutions for mental disease (IMD's) for clients age 65 or older; and
2. Treatment Crisis Intervention services for which coverage is limited to a maximum of 7 days.

TN NO. MS-01-05

Supersedes

Approval Date MAY 10 2001

Effective Date JAN 01 2001

TN NO. MS-88-02